

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/391,943		FILING DATE 9/08/99					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3		2					53						
4		1					54						
5							55						
6							56						
7							57						
8							58						
9		4					59						
10		2					60						
11		2					61						
12		1					62						
13		2					63						
14		2					64						
15		2					65						
16		1					66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	25		26				TOTAL DEP.						
TOTAL CLAIMS	26		27				TOTAL CLAIMS						